



00862.003194.

PATENT APPLICATION

#11/B
KD
7-29-03
(103)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PLEASE
ENTER
J.P.
10/3/03

In re Application of:)
ATSUSHI MATSUMOTO ET AL.)
Application No.: 09/434,404)
Filed: November 5, 1999)
For: IMAGE PROCESSING METHOD,)
SYSTEM AND APPARATUS,)
AND STORAGE MEDIUM)

Examiner: M. Nguyen
Group Art Unit: 2622
July 23, 2003

RECEIVED

JUL 25 2003

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Supplemental to the Amendment dated July 11, 2003, Applicants submit herewith a substitute specification, which makes only formal changes and does not add new matter. Also submitted herewith is a copy of the original specification, marked to show the changes being made.

In view of the foregoing amendments and remarks, Applicants again respectfully request favorable reconsideration and early passage to issue of the present application.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our below listed address.

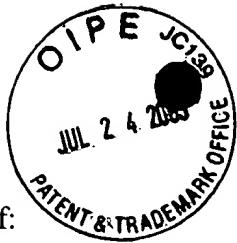
Respectfully submitted,

J. P. Diane
Attorney for Applicants

Registration No. 78.496

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 348873 v2



2622

In re Application of:

Docket No. 00862.003194.

ATSUSHI MATSUMOTO ET AL.

Application No.: 09/434,404

Examiner: M. Nguyen

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Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 17	MINUS	** 25	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 4	MINUS	*** 6	= 0	x \$42 \$84	\$0
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a ___-month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 28286

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